Please type a plus sign (+) inside this box

Signature

Sp# 2817\$

PTO/SB/21(08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| *                                                                                                                                                                                                                                               |                     | Application Number                                  | 10/051,912                                                        |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------|-------------------------------------------------------------------|--|--|--|--|
| TRANSMITTAL FORM  (to be used for all correspondence after initial filing)                                                                                                                                                                      |                     | Filing Date                                         | January 17, 2002                                                  |  |  |  |  |
|                                                                                                                                                                                                                                                 |                     | First Named Inventor                                | Zhi-Yuan Shen                                                     |  |  |  |  |
|                                                                                                                                                                                                                                                 |                     | Group Art Unit                                      | 2817                                                              |  |  |  |  |
|                                                                                                                                                                                                                                                 |                     | Examiner Name                                       | Веплу Т. Lee                                                      |  |  |  |  |
| Total Number of Pages in This Submission                                                                                                                                                                                                        |                     | Attorney Docket Number                              | CL1259 US CNT1                                                    |  |  |  |  |
| ENCLOSURES (check all that apply)                                                                                                                                                                                                               |                     |                                                     |                                                                   |  |  |  |  |
| Fee Transmittal Form                                                                                                                                                                                                                            |                     | ment Papers<br>Application)                         | After Allowance Communication to Group                            |  |  |  |  |
| Fee Attached                                                                                                                                                                                                                                    | Drawing(s)          |                                                     | Appeal Communication to Board of Appeals and Interferences        |  |  |  |  |
| Amendment / Response                                                                                                                                                                                                                            | Licensi             | ng-related Papers                                   | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |  |  |  |  |
| ☐ After Final ☐ Affidavits/declaration(s)                                                                                                                                                                                                       | Petition            |                                                     | Proprietary Information                                           |  |  |  |  |
| Extension of Time Request                                                                                                                                                                                                                       | _                   | n to Convert to a<br>onal Application               | Status Letter                                                     |  |  |  |  |
| Express Abandonment Request                                                                                                                                                                                                                     |                     | of Attorney, Revocation e of Correspondence Address | Other Enclosure(s) (please identify below):                       |  |  |  |  |
| Information Disclosure Statement                                                                                                                                                                                                                | Terminal Disclaimer |                                                     | .H03.                                                             |  |  |  |  |
| Certified Copy of Priority Document(s)                                                                                                                                                                                                          | Request for Refund  |                                                     | RECEIVED<br>DEC 30 2002<br>ECHROLOGY CENTER                       |  |  |  |  |
| Response to Missing Parts/ Incomplete Application                                                                                                                                                                                               | CD, NU              | imber of CD(s)                                      | 30 ZBI                                                            |  |  |  |  |
| Response to Missing Parts under 37 CFR 1.52 or 1.53                                                                                                                                                                                             | Rema                | arks 2002                                           |                                                                   |  |  |  |  |
| SIGNA                                                                                                                                                                                                                                           | TURE OF             | APPLICANT, ATTORNEY, O                              | RAGENT                                                            |  |  |  |  |
| Firm or Individual name  John A. Langworthy, Esq.                                                                                                                                                                                               |                     |                                                     |                                                                   |  |  |  |  |
| Signature Such Seventury                                                                                                                                                                                                                        |                     |                                                     |                                                                   |  |  |  |  |
| Date December 17, 2002                                                                                                                                                                                                                          |                     |                                                     |                                                                   |  |  |  |  |
| CERTIFICATE OF MAILING                                                                                                                                                                                                                          |                     |                                                     |                                                                   |  |  |  |  |
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  December 17, 2002 |                     |                                                     |                                                                   |  |  |  |  |
| Typed or printed name Valencia Q. Harper                                                                                                                                                                                                        |                     |                                                     |                                                                   |  |  |  |  |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Date

December 17, 2002

PTO/SB/17 (11-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT &

| THE TO AMOBALT AL                                       | Complete if Known    |                  |     |         |   |  |
|---------------------------------------------------------|----------------------|------------------|-----|---------|---|--|
| #EE TRANSMITTAL                                         | Application Number   | 10/051,912       | Chi | R       |   |  |
| for FY 2002                                             | Filing Date          | January 17, 2002 | 2 6 |         |   |  |
|                                                         | First Named Inventor | Zhi-Yuan Shen    | 33  | الله در |   |  |
| Patent fees are subject to annual revision.             | Examiner Name        | Benny T. Lee     |     | 0 1     | 5 |  |
| ☐ Applicant Claims small entity status. See 37 CFR 1.27 | Group / Art Unit     | 2817             | 1   | S 1     | 5 |  |
| TOTAL AMOUNT OF DAYMENT (6) 1066                        |                      | CL1350 US CNT1   | [1] | 7       |   |  |

| TOTAL AMOUNT OF PAYMENT (\$) 1066                                                                                                         |                                                                  |                                                          |                             |           | et No.      |                 | 1259 US CNT1                                                                  |             |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|-----------------------------|-----------|-------------|-----------------|-------------------------------------------------------------------------------|-------------|
| METHOD OF PAYMENT (check all that apply)                                                                                                  |                                                                  |                                                          | FEE CALCULATION (continued) |           |             |                 |                                                                               |             |
|                                                                                                                                           |                                                                  |                                                          |                             |           |             |                 |                                                                               |             |
| Check Credit card Money Order Other None                                                                                                  |                                                                  | 10                                                       | 3. ADDITIONAL FEES          |           | i e         |                 |                                                                               |             |
| ☑ Deposit Account:                                                                                                                        |                                                                  |                                                          | Fee                         | Entity    |             | I Entity        |                                                                               | Fee         |
|                                                                                                                                           |                                                                  | Code                                                     | Fee<br>(\$)                 | Fee       | Fee<br>(\$) | Fee Description | Pald                                                                          |             |
| Deposit<br>Account 04-1928                                                                                                                |                                                                  | 1                                                        | 105                         | 130       | 205         | 65              | Surcharge - late filing fee or oath                                           |             |
| Number 04-1928                                                                                                                            |                                                                  | }                                                        | 127                         | 50        | 227         | 25              | Surcharge - late provisional filing fee or cover sheet.                       |             |
| Deposit Account Name  E. I. du Pont de Nemours and Company                                                                                |                                                                  | )                                                        | 139                         | 130       | 139         | 130             | Non-English specification                                                     |             |
|                                                                                                                                           |                                                                  | }                                                        | 147                         | 2,520     | 147         | 2,520           | For filing a request for reexamination                                        |             |
| The Commissioner is authorized to: (check all that apply)                                                                                 |                                                                  |                                                          | 112                         | 920°      | 112         | 920*            | Requesting publication of SIR prior to<br>Examiner action                     |             |
| Charge fee(s) indicated below Credit any overpayments                                                                                     |                                                                  |                                                          | 113                         | 1,840*    | 113         | 1,840*          | Requesting publication of SIR after<br>Examiner action                        |             |
| ☐ Charge any additional fee(s) during the pendency of this application ☐ Charge fee(s) indicated below, except for the filling fee to the |                                                                  |                                                          | 115                         | 110       | 215         | 55              | Extension for reply within first month                                        |             |
| above-identified deposit account                                                                                                          |                                                                  |                                                          | 116                         | 400       | 216         | 200             | Extension for reply within second month                                       |             |
| FEE CALCULATION                                                                                                                           |                                                                  |                                                          | 117                         | 920       | 217         | 460             | Extension for reply within third month                                        | 920.00      |
| 1. BASIC FIL                                                                                                                              |                                                                  |                                                          | 118                         | 1,440     | 218         | 720             | Extension for reply within fourth month                                       |             |
|                                                                                                                                           | ING FEE<br>mail Entity                                           |                                                          | 128                         | 1,960     | 228         | 980             | Extension for reply within fifth month                                        |             |
|                                                                                                                                           | ee Fee Fee Description                                           |                                                          | 119                         | 320       | 219         | 160             | Notice of Appeal                                                              |             |
|                                                                                                                                           | ode (\$) Fee Paid                                                |                                                          | 120                         | 320       | 220         | 160             | Filing a brief in support of an appeal                                        | <u> </u>    |
|                                                                                                                                           | 01 370 Utility filing fee                                        | ]                                                        | 121                         | 280       | 221         | 140             | Request for oral hearing                                                      | <u> </u>    |
|                                                                                                                                           | 06 165 Design filing fee                                         | 1 '                                                      | 138                         | 1,510     | 138         | 1,510           | Petition to institute a public use proceeding                                 |             |
| 107 510 2                                                                                                                                 | 07 255 Plant filing fee                                          | 1                                                        | 140                         | 110       | 240         | 55              | Petition to revive – unavoidable                                              |             |
| 108 740 2                                                                                                                                 | 08 370 Reissue filing fee                                        | 1 '                                                      | 141                         | 1,280     | 241         | 640             | Petition to revive - unintentional                                            |             |
| 114 160 2                                                                                                                                 | 14 80 Provisional filling fee                                    | ]                                                        | 142                         | 1,280     | 242         | 640             | Utility issue fee (or reissue)                                                |             |
|                                                                                                                                           |                                                                  | ٦ '                                                      | 143                         | 460       | 243         | 230             | Design issue fee                                                              |             |
|                                                                                                                                           | SUBTOTAL (1) (\$) 0                                              |                                                          | 144                         | 620       | 244         | 310             | Plant issue fee                                                               |             |
|                                                                                                                                           |                                                                  | ᆜ                                                        | 122                         | 130       | 122         | 130             | Petitions to the Commissioner                                                 |             |
| 2. EXTRA CLAIM                                                                                                                            | FEES Extra Fee from Fee                                          |                                                          | 123                         | 50        | 123         | 50              | Processing fee under 37 CFR 1.17(q)                                           |             |
| Total Claims 22                                                                                                                           | Claims below Paid                                                | ا ر                                                      | 126                         | 180       | 126         | 180             | Submission of Information Disclosure<br>Stmt                                  |             |
| Independent                                                                                                                               | -3 = 0 x 84 = 0                                                  | Ī '                                                      | 581                         | 40        | 581         | 40              | Recording each patent assignment per<br>property (times number of properties) |             |
| Claims                                                                                                                                    |                                                                  | _                                                        | 146                         | 740       | 246         | 370             | Filing a submission after final rejection (37 CFR § 1.129(a))                 | 1 1         |
| Dependent                                                                                                                                 | X 280 = 0                                                        |                                                          | 149                         | 740       | 249         | 370             | For each additional invention to be examined (37 CFR § 1.129(b))              |             |
| Large Entity                                                                                                                              | Small Entity                                                     | ,                                                        | 179                         | 740       | 279         | 370             | Request for Continued Examination                                             | <b>├</b> ─┤ |
| Fee Fee<br>Code (\$)                                                                                                                      | Fee Fee <u>Fee Description</u> Code (\$)                         | ,                                                        | {                           |           | [           |                 | (RCE)                                                                         |             |
| 103 18                                                                                                                                    | 203 9 Claims in excess of 20                                     | 1                                                        | 169                         | 900       | 169         | 900             | Request for expedited examination of a design application                     |             |
| 102 84                                                                                                                                    | 202 42 Independent claims in excess of 3                         |                                                          | [                           |           | •           |                 | accign application                                                            |             |
| 104 280                                                                                                                                   | 204 140 Multiple dependent claim, if not pai                     |                                                          | Other                       | fee (spec | ify) Te     | minal Di        | sclaimer                                                                      | 110.00      |
| 109 84                                                                                                                                    | 109 84 209 42 ** Reissue independent claims over original patent |                                                          |                             |           |             |                 |                                                                               |             |
| 110 18 210 9 ** Reissue claims in excess of 20 and .                                                                                      |                                                                  |                                                          |                             |           |             |                 |                                                                               |             |
| SUBTOTAL (2) (\$) 36                                                                                                                      |                                                                  |                                                          | 1                           |           |             |                 |                                                                               |             |
| **or number previously paid, if greater, For Reissues, see above                                                                          |                                                                  | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1030 |                             |           |             |                 |                                                                               |             |

| SUBMITTED BY      | Complet                  | Complete (if applicable)                |           |                   |
|-------------------|--------------------------|-----------------------------------------|-----------|-------------------|
| Name (Print/Type) | John A. Langworthy, Esq. | Registration No. Attorney/Agent) 32,255 | Telephone | (302) 992-4362    |
| Signature         | Here                     | Decenouleur                             | Date      | December 17, 2002 |

WARNING: Information on this form may become public. Great card information should not be included on this form. Provide credit card information and authorization on PTO-2038,